



HEALTH

Building Permit Application
Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 2/6/19
Permit No.: B1900035

Building Address: 13865 Mill Creek Court
City: Clarksuite State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: GP-19-046
Census Tract: _____ Subdivision: Crawford
Section: _____ Area: _____ Lot: 17
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: vacant lot
Proposed Use: Single family house
Estimated Construction Cost: \$ 230,000
Description of Work: New 2 story "Stratford Hall" with 56' A', 2 car side garage, 2 car side attached garage, 1st floor bedroom, and unfinished lower level
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: NVR Inc
Address: 9720 Patuxent Woods Drive
City: Columbia State: MD Zip Code: 21046
Phone: 410-379-5956 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Decatur Building Services
Address: PO Box 552
City: Woodbine State: MD Zip Code: 217
Phone: 443-309-7792 Fax: _____
Email: Jim@DecaturbuildingServices.com

Contractor Company: NV Homes
Contact Person: Cjia Cagle
Address: 9720 Patuxent Woods Drive
City: Columbia State: MD Zip Code: 21046
License No.: 56
Phone: 410-379-5956 Fax: _____
Email: CCagle@NVRInc.com

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	☒ SF Dwelling ☐ SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor: <u>54</u> x <u>85</u>
Area of construction (sq. ft.):	2 nd floor: <u>48</u> x <u>54</u>
Use group:	Basement: <u>54</u> x <u>54</u>
	☐ Finished Basement
	☒ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms: <u>5</u>
☐ Structural Steel	Multi-family Dwelling
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ Roadside Tree Project Permit	Footings:
☐ Yes ☒ No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities	
Water Supply	
☐ Public	
☒ Private	
Sewage Disposal	
☐ Public	
☒ Private	
Electric: ☒ Yes ☐ No	
Gas: ☒ Yes ☐ No	
Heating System	
☒ Electric ☐ Oil	
☐ Natural Gas ☒ Propane Gas	
☐ Other:	
Sprinkler System:	
☒ Yes ☐ No	
Grading Permit Number:	<u>619000035</u>
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Jim Kerwin
Print Name: Jim Kerwin
Email Address: Jim@DecaturbuildingServices.com
Date: 2/6/2019
Title/Company: AGENT NV Homes

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
☒ State Highways		
☒ Building Officials		
☒ PSZA (Zoning)		
☒ PSZA (Engineering)		
☒ Health	<u>2/7/19</u>	<u>H. Oswald</u>

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$ <u>150</u>
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

MIHU Yes